Complete Summary

GUIDELINE TITLE

Patient safety in office-based surgery facilities: II. Patient selection.

BIBLIOGRAPHIC SOURCE(S)

Iverson RE, Lynch DJ. Patient safety in office-based surgery facilities: II. Patient selection. Plast Reconstr Surg 2002 Dec;110(7):1785-90. [4 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Any condition which may be treated by office-based plastic surgery

GUIDELINE CATEGORY

Evaluation
Management
Risk Assessment

CLINICAL SPECIALTY

Anesthesiology
Plastic Surgery
Surgery

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide an overview of preoperative steps that should be completed to ensure appropriate patient selection in the office-based surgery setting

TARGET POPULATION

Any patient considering office-based plastic surgery

INTERVENTIONS AND PRACTICES CONSIDERED

Patient Assessment

1. Preoperative history
    - Personal health history including history or potential for venous thromboembolism
    - Identification of comorbid conditions
    - Social history
    - Family history
    - Medication regimen (prescription and nonprescription)
    - Allergy history (drug, latex, tape)
    - Review of the body systems
    - Availability of a responsible adult to assist with postoperative instructions and care
2. Physical examination
    - Estimate of general health
    - Measurement of height and weight
    - Assessment of vital signs (including heart and lungs)
    - Examination of the anatomical area of the surgery
3. Preoperative tests
    - Electrocardiogram (in patients over 45 years of age or at any age when known cardiac conditions are present)
    - Complete blood count/blood chemistries (for detailed evaluation of specific diagnosis, such as anemia, diabetes mellitus, hypertension, diuretic therapy)
    - Additional tests as appropriate (depending on the patient's status)
4. American Society of Anesthesiologists (ASA) physical classification rating

MAJOR OUTCOMES CONSIDERED

Intraoperative and postoperative complication rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

At the American Society of Plastic Surgery (ASPS) Annual Meeting in October of 2000, the ASPS Board of Directors convened the Task Force on Patient Safety in Office-based Surgery Facilities. The task force was assembled in the wake of several highly publicized patient deaths, increasing state legislative/regulatory activity, and a moratorium on all level II and level III office-based surgery in the State of Florida. The task force faced a daunting task.

The first area the task force focused on was collecting, evaluating, and reporting the health policies, accreditation standards, state legislation/regulation activities, and publications that influence the delivery of health care in office-based surgery facilities. With the information gathered, the task force produced several documents, starting with an accreditation crosswalk table that contrasted the office-based surgery standards of the three nationally recognized accrediting agencies. The task force also built a database to track state office-based surgery regulations, which was used as a resource to draft office-based surgery model legislation/regulation. The accreditation crosswalk and model

legislation/regulation were placed on-line for members and have been widely distributed to national, state, and specialty medical organizations and state medical boards.

The second area the task force tackled was the development of office-based surgery guidelines. After an extensive review of the existing guidelines and scientific literature, it was determined that few materials met the scientific rigor necessary to establish clear standards of practice. Therefore, the task force determined that it would be more appropriate to develop office-based surgery practice advisories, which are defined as systematically developed reports intended to assist decision-making in areas of patient care in which scientific evidence is insufficient.

The task force included representatives from related plastic surgery organizations and the American Society of Anesthesiologists.

Research and published materials from the hospital-based ambulatory setting were used extensively in the development of this practice advisory; although the setting is not identical to that of office-based surgery, it is the most applicable. The advisory is based on the best information available and largely reflects the collective opinion of the members of the task force.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Practice Advisory for Patient Selection in the Office-based Surgery Setting was approved by the American Society of Plastic Surgery Board of Directors in November of 2002.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Preoperative History and Physical Examination

A preoperative patient history should include personal health history, identification of comorbidities, social history, family history, medication regimen (prescription and nonprescription), allergies (drug, latex, tape) and reaction, review of the body

systems, and availability of a responsible adult to assist with postoperative instructions and care. The physical examination is essential for assessing the patient's clinical status preoperatively and should include an estimate of general health and appearance; measurement of height and weight; assessment of vital signs, including the heart and lung; and an examination of the anatomical area of the surgery. A sample preoperative history and physical form is shown in Figures 1 and 2 of the original guideline document.

An integral part of the patient selection process is identifying comorbidities that are relevant to the procedure or that may predispose the patient to intraoperative or postoperative complications. When evaluating the patient, particular attention should be given to factors such as age, weight, and history of other illnesses, including diabetes mellitus, cardiac diseases, and respiratory conditions. The physician should evaluate the patient for a history of (or potential for) venous thromboembolism, and when indicated, should consult the appropriate American Society of Plastic Surgery (ASPS) Practice Advisory and/or Clinical Practice Guideline for thrombosis risk ratings and thromboprophylaxis measures. The surgeon should refer patients with significant comorbidities to medical specialists when indicated.

Preoperative Tests

On the basis of the patient's preoperative history and physical examination results, pertinent tests should be ordered, including:

- Electrocardiogram in patients over 45 years of age
- Electrocardiogram at any age when known cardiac conditions are present
- Complete blood count/blood chemistries, as needed, for detailed evaluation of specific diagnosis, such as anemia, diabetes mellitus, hypertension, diuretic therapy
- Additional tests as appropriate, depending on the patient's status as determined through the medical history and physical examination or because of the specific procedure being performed

American Society of Anesthesiologists (ASA) Physical Classification Rating

The surgeon is responsible for selecting the appropriate facility for each patient and therefore should assign the ASA physical classification rating. This rating should be based on a combination of the preoperative history and physical examination, comorbidities, laboratory results, and the medical specialist's evaluation. An outline of the ASA physical classifications is shown below, and specific patient examples of the ASA classifications are shown in Figure 4 of the original guideline document.

ASA Physical Classification Status

P1 - Normal healthy patient

P2 - Patient with mild systemic disease

P3 - Patient with severe systemic disease

P4 - Patient with severe systemic disease that is a constant threat to life

Appropriate Facility Selection

ASA class P1 and P2 patients are generally considered the best candidates for ambulatory surgery and reasonable candidates for the office-based surgery setting.

ASA P3 patients may also be reasonable candidates for office-based surgery facilities when local anesthesia, with or without sedation, is planned and the facility is accredited.

ASA P4 patients are appropriate candidates for the office-based surgery setting only when local anesthesia without sedation is planned.

See the original guideline document information on provider qualifications and surgical facility standards.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

Research and published materials from the hospital-based ambulatory setting were used extensively in the development of this practice advisory; although the setting is not identical to that of office-based surgery, it is the most applicable. The advisory is based on the best information available and largely reflects the collective opinion of the members of the task force.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

As more complex surgical procedures are performed in the office-based surgery setting, the surgeon must take measures to ensure appropriate patient selection. Completing a thorough preoperative history and physical examination to accurately rate the patient's American Society of Anesthesiologists (ASA) classification, and following the facility selection recommendations, will contribute to a safe and positive experience for both the patient and the physician.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- Practice advisories are strategies for patient management developed to assist physicians in clinical decision-making. The Practice Advisory for Procedures in the Office-based Surgery Setting, based on a thorough evaluation of the current scientific literature and relevant clinical experience, describes a range of generally acceptable approaches to the diagnosis, management, or prevention of specific diseases or conditions. This practice advisory attempts to define principles of practice that should generally meet the needs of most patients in most circumstances. However, this advisory should not be construed as a rule, nor should it be deemed inclusive of all proper methods of care or exclusive of other methods of care reasonably directed at obtaining the appropriate results. It is anticipated that it will be necessary to approach some patients' needs in different ways. The ultimate judgment regarding the care of a particular patient must be made by the physician in light of all of the circumstances presented by the patient, the available diagnostic and treatment options, and the available resources.
- This practice advisory is not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all facts or circumstances involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This practice advisory reflects the state of knowledge current at the time of publication. Given the inevitable changes in the state of scientific information and technology, periodic review and revision will be completed.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Iverson RE, Lynch DJ. Patient safety in office-based surgery facilities: II. Patient selection. Plast Reconstr Surg 2002 Dec;110(7):1785-90. [4 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Dec

GUIDELINE DEVELOPER(S)

American Society of Plastic Surgeons - Medical Specialty Society

SOURCE(S) OF FUNDING

American Society of Plastic Surgeons (ASPS)

GUIDELINE COMMITTEE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the American Society of Plastic Surgeons Web site.

Print copies: Available from the American Society of Plastic Surgeons, 444 East Algonquin Road, Arlington Heights, IL 6005-4664

AVAILABILITY OF COMPANION DOCUMENTS

A sample preoperative history and physical examination form is available in the original guideline document. Electronic copies: Available in Portable Document Format (PDF) from the American Society of Plastic Surgeons Web site.

PATIENT RESOURCES

None available

NGC STATUS

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